No. **W 98004**	**Due no later than Nov 30, 2011** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** KOOTENAI PHYSICIAN EMPLOYMENT SERVICES, LLC STAMPER RUBENS ATTN: STEVEN O ANDERSON 720 W BOONE STE 200 SPOKANE WA 99201	TOM LEGEL 2003 KOOTENAI HEALTH WY COEUR D ALENE ID 83814 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	JON NESS	2003 KOOTENAI HEALTH WAY	COEUR D'ALENE	ID	USA	83814

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 98004**	Signature: Steven O. Anderson	Date: 09/12/2011
	Name (type or print): Steven O. Anderson	Title: Attorney

Processed 09/12/2011

* Electronically provided signatures are accepted as original signatures.